

MAY-14-2014 09:17 From:

To: LA Board of Ethics P.2/18

LOUISIANA  
ETHICS BOARD  
CAMPAIGN FINANCE  
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**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

## **TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.  
As such, I have completed SCHEDULE L.

**This Report Covers Calendar Year:** 2013

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY ☐ )

Final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

**Office/Position Held:** DISTRICT ATTORNEY - 16TH JUDICIAL DISTRICT

**Name of Filer** (print full name) J. PHIL HANEY

Mailing Address 2103 WARWICK STREET

City, State, Zip NEW IBERIA, LA 70563

**Name of Spouse** (print full name) RENEE L. HANEY

Spouse's Occupation HOUSEWIFE

Spouse's Principal Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Check all that apply:**

☐ I have filed my state income tax return for the previous year.

☒ I have filed for an extension of my state income tax return for the previous year.

☐ I have filed my federal income tax return for the previous year.

☒ I have filed for an extension of my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year **AND** I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

### **Certification of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me this 13 day of May, 2014.

Ellen D. Gondron

Ellen D. Gondron Notary Public (print name)

Notary Public (signature)

ID#

011525

Date Commission Expires

lifetime

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
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**Schedule A: Employment Information**

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: <u>DISTRICT ATTORNEY</u>			
Name of Employer: <u>16TH JUDICIAL DISTRICT</u>			
Address: <u>300 IBERIA STREET, SUITE 200</u>			
City, State, Zip: <u>NEW IBERIA, LA 70560</u>			
Job Description: <u>PROSECUTION OF CASES IN IBERIA, ST. MARTIN AND ST. MARY PARISHES</u>			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Baton Rouge, Louisiana 70821

**Schedule B: Positions - Business**

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): 100 %		
Name of Business: J. PHIL HANEY - ATTORNEY AT LAW		
Address: 2103 WARWICK STREET		
City, State, Zip: NEW IBERIA, LA 70563		
Business Description: LEGAL WORK		
Nature of Association:		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): %		
Name of Business:		
Address:		
City, State, Zip:		
Business Description:		
Nature of Association:		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): %		
Name of Business:		
Address:		
City, State, Zip:		
Business Description:		
Nature of Association:		

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

MAY-14-2014 09:17 From:

To:LA Board of Ethics P.5/18

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

### Schedule C: Positions - Nonprofit

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Organization: <u>BOYS &amp; GIRLS CLUB OF ACADIANA</u>	
Address: <u>CENTER STREET</u>	
City, State, Zip: <u>NEW IBERIA, LA 70560</u>	
Nature of Association: <u>BOARD MEMBER</u>	
Description of Organization: <u>ASSIST CHILDREN - YOUTH PROGRAMS</u>	
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Organization: <u>PHIL HANEY COMMUNITY PROJECTS, INC.</u>	
Address: <u>2103 WARWICK STREET</u>	
City, State, Zip: <u>NEW IBERIA, LA 70563</u>	
Nature of Association: <u>PRESIDENT</u>	
Description of Organization: <u>ASSIST ORGANIZATIONS AND INDIVIDUALS WITHIN LOCAL COMMUNITIES WITH WORTHY PROJECTS</u>	
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Organization: _____	
Address: _____	
City, State, Zip: _____	
Nature of Association: _____	
Description of Organization: _____	

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Revised December 2012

Form 416A

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**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule D: Income from the State, Political  
Subdivisions, and/or Gaming Interests**

☐ Check if not applicable

☒ Filer    ☐ Spouse    ☐ Business (where amount of interest exceeds 10%)  
Type of Income:    ☐ State    ☒ Political Subdivision    ☐ Gaming Interest  
Name of Business (if applicable): 16TH JUDICIAL DISTRICT ATTORNEY  
Name of Income Source: SAME AS ABOVE  
Address: 300 IBERIA STREET, SUITE 200  
City, State, Zip: NEW IBERIA, LA 70560  
Amount of Income (exact dollar amount): \$ 109,232.00

☒ Filer    ☐ Spouse    ☐ Business (where amount of interest exceeds 10%)  
Type of Income:    ☐ State    ☒ Political Subdivision    ☐ Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: ST. MARTIN PARISH GOVERNMENT  
Address: 301 WEST PORT STREET  
City, State, Zip: ST. MARTINVILLE, LA 70582  
Amount of Income (exact dollar amount): \$ 5,729.00

☒ Filer    ☐ Spouse    ☐ Business (where amount of interest exceeds 10%)  
Type of Income:    ☐ State    ☒ Political Subdivision    ☐ Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: IBERIA PARISH GOVERNMENT  
Address: 300 IBERIA STREET  
City, State, Zip: NEW IBERIA, LA 70560  
Amount of Income (exact dollar amount): \$ 6,046.00

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

**LOUISIANA BOARD OF ETHICS**  
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Baton Rouge, Louisiana 70821

**Schedule D: Income from the State, Political  
Subdivisions, and/or Gaming Interests**

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: ST. MARY PARISH GOVERNMENT  
Address: 500 MAIN STREET  
City, State, Zip: FRANKLIN, LA 70538  
Amount of Income (exact dollar amount): \$ 6,054.00

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest  
Name of Business (if applicable): STATE OF LOUISIANA  
Name of Income Source: SALARY - DISTRICT ATTORNEY - 16TH JUDICIAL DISTRICT  
Address: \_\_\_\_\_  
City, State, Zip: BATON ROUGE, LA  
Amount of Income (exact dollar amount): \$ 50,000.00

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest  
Name of Business (if applicable): \_\_\_\_\_  
Name of Income Source: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

MAY-14-2014 09:17 From:

To: LA Board of Ethics P.8/18

**LOUISIANA BOARD OF ETHICS**

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Baton Rouge, Louisiana 70821

**Schedule E: Income Received from  
Employment**☒ Check if not applicable☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

MAY-14-2014 09:18 From:

To: LA Board of Ethics P.9/18

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule F: Income Received from  
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Business: <u>J. PHIL HANEY - ATTORNEY AT LAW</u>	
Address: <u>2103 WARWICK STREET</u>	
City, State, Zip: <u>NEW IBERIA, LA 70563</u>	
Nature of services rendered OR reason income was received: <u>LEGAL SERVICES</u>	
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Business: _____	
Address: _____	
City, State, Zip: _____	
Nature of services rendered OR reason income was received: _____	
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Business: _____	
Address: _____	
City, State, Zip: _____	
Nature of services rendered OR reason income was received: _____	

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule G: Other Income**☐ (Check if not applicable) (any other income that exceeds \$1,000 from each source)☒ Filer☐ SpouseDescription of Income: INTEREST INCOMENature of services rendered or  
reason income was received: \_\_\_\_\_Amount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or  
reason income was received: \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or  
reason income was received: \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

MAY-14-2014 09:18 From:

To: LA Board of Ethics P.11/18

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: UNITED STATES

State: LOUISIANA

Parish/County: IBERIA PARISH

## Description of Property:

LOT AND HOME - 2103 WARWICK STREET, NEW IBERIA, LA 70563

Fair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: UNITED STATES

State: LOUISIANA

Parish/County: IBERIA PARISH

## Description of Property:

LOT AND BUILDING - 704 BELLE PLACE OLIVIER ROAD, NEW IBERIA, LA 70560

Fair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

## Location of Property

Country: \_\_\_\_\_

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

## Description of Property:

Fair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings**

(an investment holding that exceeds \$5,000)

☐ Check if not applicable

☐ Filer ☐ Spouse ☒ Both

Name of Security:

ATLAS RESOURCES

Description of Security:

LIMITED PARTNERSHIP INTEREST IN OIL AND GAS VENTURE

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

MAY-14-2014 09:18 From:

To: LA Board of Ethics P.13/18

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Transactions**☒ Check if not applicable

(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule K: Liabilities**☒ Check if not applicable

(a liability that exceeds \$10,000)

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*\*Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule L: Other Offices/Positions Held**☒ Check if not applicable

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

MAY-14-2014 09:18 From:

To:LA Board of Ethics P.16/18

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule M: Positions - Business**

☒ Check if not applicable (to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

Revised December 2012

Form 416A

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MAY-14-2014 09:19 From:

To:LA Board of Ethics P.17/18

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule N: Income from the State  
and/or Political Subdivisions**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule O: Income from a  
Governmental Entity**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).